

Fill in this information to identify your case and this filing:

Debtor 1 Malinda Herskowitz
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number 17-40728-BTR-13
 (if known)

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
☐ Yes. Where is the property?

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here..... →

\$0.00**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1.
 Make: Subaru
 Model: Outback
 Year: 2015
 Approximate mileage: _____
 Other information:
2015 Subaru Outback

Who has an interest in the property?
 Check one.

☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
<u>\$18,548.72</u>	<u>\$18,548.72</u>

3.2.
 Make: Jeep
 Model: Liberty
 Year: 2012
 Approximate mileage: _____
 Other information:
2012 Jeep Liberty

Who has an interest in the property?
 Check one.

☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
<u>\$21,597.58</u>	<u>\$21,597.58</u>

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....**\$40,146.30****Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

6. Household goods and furnishings*Examples:* Major appliances, furniture, linens, china, kitchenware

- ☐ No
☒ Yes. Describe..... **See continuation page(s).**

\$9,225.00**7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☒ No
☐ Yes. Describe.....

8. Collectibles of value*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☒ No
☐ Yes. Describe.....

9. Equipment for sports and hobbies*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☒ No
☐ Yes. Describe.....

10. Firearms*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

- ☒ No
☐ Yes. Describe.....

11. Clothes*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- ☐ No
☒ Yes. Describe..... **See continuation page(s).**

\$1,875.00**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

- ☐ No
☒ Yes. Describe..... **See continuation page(s).**

\$1,220.00**13. Non-farm animals***Examples:* Dogs, cats, birds, horses

- ☐ No
☒ Yes. Describe..... **dogs**

\$100.00

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****14. Any other personal and household items you did not already list, including any health aids you did not list**

- ☒ No
☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....**\$12,420.00****Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- ☐ No
☒ Yes..... Cash: **\$25.00**

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- ☐ No
☒ Yes..... Institution name:
- | | | |
|-------------------------|---|-------------------|
| 17.1. Checking account: | Checking account | \$200.16 |
| 17.2. Checking account: | Business Checking account for Lone Star Cleaners & Laundry | \$2,905.61 |
| 17.3. Checking account: | Business Checking account for Lone Star Cleaners & Laundry | \$400.00 |

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

- ☒ No
☐ Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

- ☐ No
☒ Yes. Give specific information about them.....
- | Name of entity: | % of ownership: | |
|--|-----------------|---------------|
| MH Cleaners, Inc. (Case No. 17-40727-R-7) | 50% | \$0.01 |
| Lone Star Cleaners (no assets) | | \$1.00 |

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

- ☒ No
☐ Yes. Give specific information about them..... Issuer name:

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****21. Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☒ No☐ Yes. List each

account separately. Type of account: Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☐ No☒ Yes.....

Institution name or individual:

Security deposit on rental unit: **Security deposit on rental unit****\$275.00****23. Annuities** (A contract for a specific periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes..... Issuer name and description:**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific
information about them**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific
information about them**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific
information about them**Money or property owed to you?****Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information
about them, including whether
you already filed the returns
and the tax years.....

Federal: _____

State: _____

Local: _____

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information

Alimony: _____
 Maintenance: _____
 Support: _____
 Divorce settlement: _____
 Property settlement: _____

30. Other amounts someone owes you*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information

31. Interests in insurance policies*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☒ No
☐ Yes. Name the insurance company of each policy and list its value.....

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

- ☒ No
☐ Yes. Give specific information

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No
☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
☐ Yes. Describe each claim.....

35. Any financial assets you did not already list

- ☒ No
☐ Yes. Give specific information

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**\$3,806.78****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13**

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

38. Accounts receivable or commissions you already earned

- ☒ No
☐ Yes. Describe.. _____

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- ☒ No
☐ Yes. Describe.. _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- ☒ No
☐ Yes. Describe.. _____

41. Inventory

- ☒ No
☐ Yes. Describe.. _____

42. Interests in partnerships or joint ventures

- ☒ No
☐ Yes. Describe..... Name of entity: _____ % of ownership: _____

43. Customer lists, mailing lists, or other compilations

- ☒ No
☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?
☐ No
☐ Yes. Describe..... _____

44. Any business-related property you did not already list

- ☒ No
☐ Yes. Give specific information.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....**\$0.00**

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

- ☒ No
☐ Yes.... _____

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****48. Crops—either growing or harvested**☒ No☐ Yes. Give specific information.....**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**☒ No☐ Yes....**50. Farm and fishing supplies, chemicals, and feed**☒ No☐ Yes....**51. Any farm- and commercial fishing-related property you did not already list**☒ No☐ Yes. Give specific information.....**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here.....** →**\$0.00****Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?***Examples: Season tickets, country club membership*☒ No☐ Yes. Give specific information.**54. Add the dollar value of all of your entries from Part 7. Write that number here.....** →**\$0.00****Part 8: List the Totals of Each Part of this Form****55. Part 1: Total real estate, line 2.....** → **\$0.00****56. Part 2: Total vehicles, line 5** **\$40,146.30****57. Part 3: Total personal and household items, line 15** **\$12,420.00****58. Part 4: Total financial assets, line 36** **\$3,806.78****59. Part 5: Total business-related property, line 45** **\$0.00****60. Part 6: Total farm- and fishing-related property, line 52** **\$0.00****61. Part 7: Total other property not listed, line 54** + **\$0.00****62. Total personal property. Add lines 56 through 61.....** **\$56,373.08** Copy personal property total → + **\$56,373.08****63. Total of all property on Schedule A/B. Add line 55 + line 62.....** **\$56,373.08**

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****6. Household goods and furnishings (details):**

Sofa-recliner-coffee table	<u>\$475.00</u>
chairs-end tables-bookcase-books	<u>\$500.00</u>
LV rm painting-entertainment center	<u>\$500.00</u>
2 TVs	<u>\$500.00</u>
VCR/DVD, CD's DVD's-Lamps	<u>\$500.00</u>
Decorative Objects	<u>\$500.00</u>
rugs-pots & pans	<u>\$500.00</u>
Platters-bar stools-table	<u>\$460.00</u>
chairs & buffet-dishes	<u>\$500.00</u>
glassware-flatware-blender-air fryer	<u>\$400.00</u>
mstr bed	<u>\$800.00</u>
2nd bed-armoire/chest	<u>\$500.00</u>
dresser (2)	<u>\$500.00</u>
nigh stand(2) desk/chair - lamps	<u>\$500.00</u>
Bedrm TV-towels-linens-rugs	<u>\$390.00</u>
Washer	<u>\$800.00</u>
Dryer - tools	<u>\$500.00</u>
Camera-hair dryer-flat iron	<u>\$400.00</u>

11. Clothes (details):

dressses-shorts-blazers-coats	<u>\$475.00</u>
blouses	<u>\$500.00</u>
slacks	<u>\$500.00</u>
shoes-jackets	<u>\$400.00</u>

12. Jewelry (details):

rings	<u>\$500.00</u>
necklaces-earrings	<u>\$320.00</u>
bracelets	<u>\$400.00</u>

Fill in this information to identify your case:

Debtor 1	Malinda		Herskowitz
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF TEXAS		
Case number (if known)	17-40728-BTR-13		

☐ Check if this is an amended filing
Official Form 106C**Schedule C: The Property You Claim as Exempt****04/16**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption	
Brief description: 2015 Subaru Outback (1st exemption claimed for this asset) Line from <i>Schedule A/B</i> : <u>3.1</u>	<u>\$18,548.72</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
Brief description: 2015 Subaru Outback (2nd exemption claimed for this asset) Line from <i>Schedule A/B</i> : <u>3.1</u>	<u>\$18,548.72</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: 2012 Jeep Liberty (1st exemption claimed for this asset) Line from Schedule A/B: <u>3.2</u>	<u>\$21,597.58</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
Brief description: 2012 Jeep Liberty (2nd exemption claimed for this asset) Line from Schedule A/B: <u>3.2</u>	<u>\$21,597.58</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Sofa-recliner-coffee table Line from Schedule A/B: <u>6</u>	<u>\$475.00</u>	<input checked="" type="checkbox"/> <u>\$475.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: chairs-end tables-bookcase-books Line from Schedule A/B: <u>6</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: LV rm painting-entertainment center Line from Schedule A/B: <u>6</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: 2 TVs Line from Schedule A/B: <u>6</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: VCR/DVD, CD's DVD's-Lamps Line from Schedule A/B: <u>6</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Decorative Objects Line from Schedule A/B: <u>6</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: rugs-pots & pans Line from Schedule A/B: <u>6</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****Part 2: Additional Page**Brief description of the property and line on
Schedule A/B that lists this propertyCurrent value of
the portion you
ownCopy the value from
*Schedule A/B*Amount of the
exemption you claimCheck only one box for
each exemption

Specific laws that allow exemption

Brief description:

Platters-bar stools-tableLine from *Schedule A/B*: 6\$460.00☒\$460.00

11 U.S.C. § 522(d)(3)

☐100% of fair market
value, up to any
applicable statutory
limit

Brief description:

chairs & buffet-dishesLine from *Schedule A/B*: 6\$500.00☒\$500.00

11 U.S.C. § 522(d)(3)

☐100% of fair market
value, up to any
applicable statutory
limit

Brief description:

glassware-flatware-blender-air fryerLine from *Schedule A/B*: 6\$400.00☒\$400.00

11 U.S.C. § 522(d)(3)

☐100% of fair market
value, up to any
applicable statutory
limit

Brief description:

mstr bed**(1st exemption claimed for this asset)**Line from *Schedule A/B*: 6\$800.00☒\$600.00

11 U.S.C. § 522(d)(3)

☐100% of fair market
value, up to any
applicable statutory
limit

Brief description:

mstr bed**(2nd exemption claimed for this asset)**Line from *Schedule A/B*: 6\$800.00☒\$200.00

11 U.S.C. § 522(d)(5)

☐100% of fair market
value, up to any
applicable statutory
limit

Brief description:

2nd bed-armoire/chestLine from *Schedule A/B*: 6\$500.00☒\$500.00

11 U.S.C. § 522(d)(3)

☐100% of fair market
value, up to any
applicable statutory
limit

Brief description:

dresser (2)Line from *Schedule A/B*: 6\$500.00☒\$500.00

11 U.S.C. § 522(d)(3)

☐100% of fair market
value, up to any
applicable statutory
limit

Brief description:

nigh stand(2) desk/chair - lampsLine from *Schedule A/B*: 6\$500.00☒\$500.00

11 U.S.C. § 522(d)(3)

☐100% of fair market
value, up to any
applicable statutory
limit

Brief description:

Bedrm TV-towels-linens-rugsLine from *Schedule A/B*: 6\$390.00☒\$390.00

11 U.S.C. § 522(d)(3)

☐100% of fair market
value, up to any
applicable statutory
limit

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****Part 2: Additional Page**Brief description of the property and line on
Schedule A/B that lists this propertyCurrent value of
the portion you
ownCopy the value from
*Schedule A/B*Amount of the
exemption you claimCheck only one box for
each exemption

Specific laws that allow exemption

Brief description:

Washer**(1st exemption claimed for this asset)**Line from *Schedule A/B*: 6\$800.00\$600.00

11 U.S.C. § 522(d)(3)

100% of fair market
value, up to any
applicable statutory
limit

Brief description:

Washer**(2nd exemption claimed for this asset)**Line from *Schedule A/B*: 6\$800.00\$200.00

11 U.S.C. § 522(d)(5)

100% of fair market
value, up to any
applicable statutory
limit

Brief description:

Dryer - toolsLine from *Schedule A/B*: 6\$500.00\$500.00

11 U.S.C. § 522(d)(3)

100% of fair market
value, up to any
applicable statutory
limit

Brief description:

Camera-hair dryer-flat ironLine from *Schedule A/B*: 6\$400.00\$400.00

11 U.S.C. § 522(d)(3)

100% of fair market
value, up to any
applicable statutory
limit

Brief description:

dressess-shorts-blazers-coatsLine from *Schedule A/B*: 11\$475.00\$475.00

11 U.S.C. § 522(d)(3)

100% of fair market
value, up to any
applicable statutory
limit

Brief description:

blousesLine from *Schedule A/B*: 11\$500.00\$500.00

11 U.S.C. § 522(d)(3)

100% of fair market
value, up to any
applicable statutory
limit

Brief description:

slacksLine from *Schedule A/B*: 11\$500.00\$500.00

11 U.S.C. § 522(d)(3)

100% of fair market
value, up to any
applicable statutory
limit

Brief description:

shoes-jacketsLine from *Schedule A/B*: 11\$400.00\$400.00

11 U.S.C. § 522(d)(3)

100% of fair market
value, up to any
applicable statutory
limit

Brief description:

ringsLine from *Schedule A/B*: 12\$500.00\$500.00

11 U.S.C. § 522(d)(4)

100% of fair market
value, up to any
applicable statutory
limit

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: necklaces-earrings Line from Schedule A/B: <u>12</u>	<u>\$320.00</u>	<input checked="" type="checkbox"/> <u>\$320.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Brief description: bracelets Line from Schedule A/B: <u>12</u>	<u>\$400.00</u>	<input checked="" type="checkbox"/> <u>\$400.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Brief description: dogs Line from Schedule A/B: <u>13</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: cash Line from Schedule A/B: <u>16</u>	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Checking account Line from Schedule A/B: <u>17.1</u>	<u>\$200.16</u>	<input checked="" type="checkbox"/> <u>\$200.16</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Business Checking account for Lone Star Cleaners & Laundry Line from Schedule A/B: <u>17.2</u>	<u>\$2,905.61</u>	<input checked="" type="checkbox"/> <u>\$2,905.61</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Business Checking account for Lone Star Cleaners & Laundry Line from Schedule A/B: <u>17.3</u>	<u>\$400.00</u>	<input checked="" type="checkbox"/> <u>\$400.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: MH Cleaners, Inc. (Case No. 17-40727-R-7) Line from Schedule A/B: <u>19</u>	<u>\$0.01</u>	<input checked="" type="checkbox"/> <u>\$0.01</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Lone Star Cleaners (no assets) Line from Schedule A/B: <u>19</u>	<u>\$1.00</u>	<input checked="" type="checkbox"/> <u>\$1.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****Part 2: Additional Page**Brief description of the property and line on
Schedule A/B that lists this propertyCurrent value of
the portion you
ownCopy the value from
*Schedule A/B*Amount of the
exemption you claimCheck only one box for
each exemption

Specific laws that allow exemption

Brief description:

Security deposit on rental unit**\$275.00****\$275.00****11 U.S.C. § 522(d)(5)**100% of fair market
value, up to any
applicable statutory
limitLine from *Schedule A/B*: **22**

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TEXAS
SHERMAN DIVISION**

IN RE: **Malinda Herskowitz**CASE NO **17-40728-BTR-13**CHAPTER **13**

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **Federal**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
1.	Real property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.	Motor vehicles (cars, etc.)	\$40,146.30	\$40,146.30	\$0.00	\$0.00	\$0.00
4.	Water/Aircraft, Motor Homes, Rec. veh. and access.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	Household goods and furnishings	\$9,225.00	\$0.00	\$9,225.00	\$9,225.00	\$0.00
7.	Electronics	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8.	Collectibles of value	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9.	Equipment for sports and hobbies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10.	Firearms	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11.	Clothes	\$1,875.00	\$0.00	\$1,875.00	\$1,875.00	\$0.00
12.	Jewelry	\$1,220.00	\$0.00	\$1,220.00	\$1,220.00	\$0.00
13.	Non-farm animals	\$100.00	\$0.00	\$100.00	\$100.00	\$0.00
14.	Unlisted pers. and household items- incl. health aids	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Cash	\$25.00	\$0.00	\$25.00	\$25.00	\$0.00
17.	Deposits of money	\$3,505.77	\$0.00	\$3,505.77	\$3,505.77	\$0.00
18.	Bonds, mutual funds or publicly traded stocks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19.	Non-pub. traded stock and int. in businesses	\$1.01	\$0.00	\$1.01	\$1.01	\$0.00
20.	Govt. and corp. bonds and other instruments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21.	Retirement or pension accounts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22.	Security deposits and prepayments	\$275.00	\$0.00	\$275.00	\$275.00	\$0.00
23.	Annuities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24.	Interests in an education IRA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25.	Trusts, equit. or future int. (not in line 1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26.	Patents, copyrights, and other intellectual prop.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27.	Licenses, franchises, other general intangibles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28.	Tax refunds owed to you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TEXAS
SHERMAN DIVISION**

IN RE: **Malinda Herskowitz**CASE NO **17-40728-BTR-13**CHAPTER **13****SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)***Continuation Sheet # 1***Exemption Totals by Category:**

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **Federal**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
29.	Family support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30.	Other amounts someone owes you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31.	Interests in insurance policies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32.	Any int. in prop. due you from someone who has died	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33.	Claims vs. third parties, even if no demand	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
34.	Other contin. and unliq. claims of every nature	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35.	Any financial assets you did not already list	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38.	Accounts rec. or commissions you already earned	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39.	Office equipment, furnishings, and supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
40.	Mach., fixt., equip., bus. suppl., tools of trade	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41.	Inventory	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
42.	Interests in partnerships or joint ventures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
43.	Customer and mailing lists, or other compilations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
44.	Any business-related property not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
47.	Farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
48.	Crops--either growing or harvested	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49.	Farm/fishing equip., impl., mach., fixt., tools	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50.	Farm and fishing supplies, chemicals, and feed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
51.	Farm/commercial fishing-related prop. not listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53.	Any other property of any kind not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS:		\$56,373.08	\$40,146.30	\$16,226.78	\$16,226.78	\$0.00

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TEXAS
SHERMAN DIVISION**

IN RE: **Malinda Herskowitz**CASE NO **17-40728-BTR-13**CHAPTER **13****SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)***Continuation Sheet # 2***Surrendered Property:**

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder.

Property Description	Market Value	Lien	Equity
----------------------	--------------	------	--------

Real Property

(None)

Personal Property

(None)

TOTALS:	\$0.00	\$0.00	\$0.00
----------------	---------------	---------------	---------------

Non-Exempt Property by Item:

The following property, or a portion thereof, is non-exempt.

Property Description	Market Value	Lien	Equity	Non-Exempt Amount
----------------------	--------------	------	--------	-------------------

Real Property

(None)

Personal Property

(None)

TOTALS:	\$0.00	\$0.00	\$0.00	\$0.00
----------------	---------------	---------------	---------------	---------------

Summary

A. Gross Property Value (not including surrendered property)	\$56,373.08
B. Gross Property Value of Surrendered Property	\$0.00
C. Total Gross Property Value (A+B)	\$56,373.08
D. Gross Amount of Encumbrances (not including surrendered property)	\$40,146.30
E. Gross Amount of Encumbrances on Surrendered Property	\$0.00
F. Total Gross Encumbrances (D+E)	\$40,146.30
G. Total Equity (not including surrendered property) / (A-D)	\$16,226.78
H. Total Equity in surrendered items (B-E)	\$0.00
I. Total Equity (C-F)	\$16,226.78
J. Total Exemptions Claimed (Wild Card Used: \$4,206.78, Available: \$8,893.22)	\$16,226.78
K. Total Non-Exempt Property Remaining (G-J)	\$0.00

Fill in this information to identify your case:

Debtor 1 **Malinda** **Herskowitz**
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF TEXAS**

Case number **17-40728-BTR-13**
 (if known)

☐ Check if this is an amended filing

Official Form 106D**Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

- 2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A
Amount of claim
 Do not deduct the value of collateral

Column B
Value of collateral that supports this claim

Column C
Unsecured portion if any

2.1

Describe the property that secures the claim:

\$21,597.58**\$21,597.58****Park Cities Ford Lincoln**

Creditor's name

3333 Inwood Raod

Number Street

2012 Jeep Liberty**Dallas TX 75235**

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who owes the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☒ Other (including a right to offset)

☒ Check if this claim relates to a community debt

Auto Loan

Date debt was incurred Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

\$21,597.58

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****Part 1:****Additional Page**

After listing any entries on this page, number them sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the
 value of collateral

Column B
Value of collateral
 that supports this
 claim

Column C
Unsecured
 portion
 if any

2.2

Describe the property that
secures the claim:**\$18,548.72****\$18,548.72****Subaru Motors Finance****2015 Subaru Outback**

Creditor's name

Chase

Number Street

P O Box 901037**Ft. Worth****TX 76101-2037**

City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim relates
 to a community debt

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)

Auto Loan

Date debt was incurred

Last 4 digits of account number

5 3 0 7

Add the dollar value of your entries in Column A on this page. Write
 that number here:

\$18,548.72

If this is the last page of your form, add the dollar value totals from
 all pages. Write that number here:

\$40,146.30

Fill in this information to identify your case:

Debtor 1 **Malinda** **Herskowitz**
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF TEXAS**

Case number **17-40728-BTR-13**
 (if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1	\$0.00	\$0.00	\$0.00

Internal Revenue Service

Priority Creditor's Name

P O Box 7346

Number Street

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Philadelphia PA 19101-7346

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****Part 1: Your PRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim	Priority amount	Nonpriority amount
\$7,500.00	\$7,500.00	\$0.00

2.2**Michael Wiss and Associates**

Priority Creditor's Name

11882 Greenville Avenue

Number Street

Suite 111 Box 111**Dallas****TX****75243-3567**

City

State

ZIP Code

Last 4 digits of account number _____

When was the debt incurred? **4/2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify

Attorney fees for this case

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim**4.1****\$23,579.00****Ally Financial**

Nonpriority Creditor's Name

PO Box 380901

Number Street

Last 4 digits of account number **2 2 5 7**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Bloomington MN 55438

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
Collecting for -

4.2**\$0.00****American Radiology**

Nonpriority Creditor's Name

3500 Gaston Ave.

Number Street

Last 4 digits of account number **9 J 4 L**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Dallas TX 75246

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
Medical Bill

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.3****\$1,160.00****AT&T Mobility**

Nonpriority Creditor's Name

P O Box 537104

Number Street

Last 4 digits of account number **0 4 4 0**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Atlanta GA 30353-7104

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Utility

4.4**\$0.00****Baylor University Medical Center**

Nonpriority Creditor's Name

P O Box 842022

Number Street

Last 4 digits of account number **6 2 2 7**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Dallas TX 75284-2022

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical Bill

4.5**\$0.00****Can Capital Asset Servicing, INC**

Nonpriority Creditor's Name

c/o Blenden Roth Law Firm

Number Street

2217 Harwood Rd.Last 4 digits of account number **2 0 6 1**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Bedford TX 76021

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for -

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.6****\$2,327.00****Capital One**

Nonpriority Creditor's Name

Bankruptcy Dept

Number Street

P O Box 30285**Salt Lake City****UT****84130-0285**

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes**5155 9786 8455 3679****4.7****\$1,640.47****Capital One Auto Finance**

Nonpriority Creditor's Name

P O Box 60599

Number Street

City of Industry**CA****91716-0599**

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **4 5 4 2**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Credit Card**Last 4 digits of account number **3 6 7 9**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Credit Card**

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.8****\$5,690.71****Citibank/Home Depot**

Nonpriority Creditor's Name

P O Box 790345

Number Street

Last 4 digits of account number **8 5 0 4**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

St. Louis MO 63179

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.9**\$2,014.04****Conservec The Utility Experts**

Nonpriority Creditor's Name

595 South 80E

Number Street

Suite 300Last 4 digits of account number **6 5 5 7**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Logan UT 84321

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.10**\$1,350.00****Dallas County Tax Assessor-Collector**

Nonpriority Creditor's Name

Records Building - 1st Floor

Number Street

500 Elm Street

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Dallas TX 75202

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

MH Cleaners - 2016 property taxes

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.11****\$0.00****Dallas County Tax Office**

Nonpriority Creditor's Name

John R. Ames, CTA

Number Street

1201 Elm Street, Ste 2600**Dallas TX 75270**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

4.12**\$817.44****David Hampe MD**

Nonpriority Creditor's Name

3900 American Drive

Number Street

Suite 104**Plano TX 75075**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

for Amanda Herskowitz

Last 4 digits of account number **6 3 0 0**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
Taxes

Last 4 digits of account number **0 0 6 4**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
Medical Bill

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.13****\$1,153.00****Denton County Tax Assessor**

Nonpriority Creditor's Name

P.O. Box 90223

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Denton TX 76202-5223

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
MH Cleaners, Inc -2016 property taxes

4.14**\$1,514.97****Doctors Reporting Services of Texas**

Nonpriority Creditor's Name

P O Box 830808

Number Street

Last 4 digits of account number **7 0 1 3**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Richardson TX 75081

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical Bill

4.15**\$475.43****Gateway Diagnpstic Imaging**

Nonpriority Creditor's Name

P O Box 95383

Number Street

Last 4 digits of account number **9 1 7 0**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Grapevine TX 76099

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical Bill

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.16****\$4,223.35****Harris & Harris**

Nonpriority Creditor's Name

111 West Jackson Blvd

Number Street

Suite 400**Chicago****IL****60604-4134**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.17**\$0.00****Internal Revenue Service**

Nonpriority Creditor's Name

1100 Commerce Street

Number Street

Room 951**Mail Code 5024 DAL****Dallas****TX****75242**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.18**\$0.00****Lauren N. Pierce/Jas Billingsley**

Nonpriority Creditor's Name

Polsinelli, PC

Number Street

2950 N. Harwood, Suite 2100**Dallas****TX****75201**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6 2 2 7**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -Baylor Univ Medical Center

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Taxes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Attorney for - PFV/Realty III, LP

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.19****\$0.00****Linda S. Payne**

Nonpriority Creditor's Name

Chapter 7 Trustee

Number Street

12770 Coit Rd. Ste 541**Dallas****TX****75251**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

 for any possible claim against this debtor for estate of
MH Cleaners, INC (17-40727)
4.20**\$0.00****McCarthy, Burges & Wolff**

Nonpriority Creditor's Name

26000 Cannon Road

Number Street

Cleveland**OH****44146**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

440-735-5100 ext 4812 Melissa MosleyLast 4 digits of account number **0 7 2 7**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Trustee for MH Cleaners, Inc

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -Citibank Home Depot

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.21****\$245.79****Mercy Clinic Oklahonma**

Nonpriority Creditor's Name

P O Box 2580

Number Street

Last 4 digits of account number **0 1 3 0**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Springfield MO 65801

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

invoice 600021976 & 2225801

4.22**\$0.00****PFV/Realty III, LP**

Nonpriority Creditor's Name

P O Box 82565

Number Street

Last 4 digits of account number **1 5 6 1**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Goleta CA 93118-2565

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Former landlord - prior corp

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.23****\$1,129.76****Quest Diagnostics**

Nonpriority Creditor's Name

P O Box 7306

Number Street

Last 4 digits of account number **2 5 7 2**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Hollister MO 65673-7306

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Amanda Herskowitz**4.24****\$144,799.76****ReadyCap Lending**

Nonpriority Creditor's Name

420 Mountain Ave. 3rd Floor

Number Street

Last 4 digits of account number **4 0 0 2**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

New Providence NJ 07974

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
SBA Loan

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.25****\$475.00****Receivable Management Group, Inc.**

Nonpriority Creditor's Name

2901 University Ave. #29

Number Street

Last 4 digits of account number **9 J 4 L**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Columbus GA 31907

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.26**\$0.00****Receivable Solutions, Inc**

Nonpriority Creditor's Name

P O Box 206153

Number Street

Last 4 digits of account number **6 2 5 8**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Dallas TX 75320-6153

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

client ref# 053153590130

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -American Radiology

Collecting for -Mercy Hospital Ok City

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.27****\$0.00****Small Business Administration**

Nonpriority Creditor's Name

801 Tom Martin Dr., Ste 120

Number Street

Last 4 digits of account number **4 0 0 2**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Birmingham AL 35211

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Loan

4.28**\$0.00****SYNCB/Care Credit**

Nonpriority Creditor's Name

P O Box 965005

Number Street

Last 4 digits of account number **1 8 3 3**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Orlando FL 32896-5005

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Credit Card

4.29**\$1,514.97****Texas Health Center**

Nonpriority Creditor's Name

for Diagnostics & Surgery Plano

Number Street

P O Box 676290Last 4 digits of account number **7 0 1 3**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Dallas TX 75267-6290

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical Bill

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.30****\$0.00****U S Trustee's Office**

Nonpriority Creditor's Name

110 N. College #300

Number Street

Last 4 digits of account number **0 7 2 7**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Tyler TX 75702
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

for any possible claim that might be asserted against this debtor in MH Cleaners, INC case 17-40727

4.31**\$0.00****United States Attorney**

Nonpriority Creditor's Name

110 N. College, Suite 700

Number Street

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Tyler TX 75702
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Notice Only

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.32****\$0.00****United States Trustee**

Nonpriority Creditor's Name

110 N. College, Suite 300

Number Street

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Tyler TX 75702
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Notice Only

4.33**\$0.00****US Business Administration**

Nonpriority Creditor's Name

P O Box 740192

Number Street

Last 4 digits of account number **4 0 0 2**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Atlanta GA 30374-0192
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Loan

4.34**\$0.00****WebBank**

Nonpriority Creditor's Name

c/o Can Capital Asset Servicing

Number Street

155 North 400 West, Suite 315Last 4 digits of account number **3 1 3 2**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Salt Lake City UT 84103
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

PFV/Realty III, L.P.

On which entry in Part 1 or Part 2 did you list the original creditor?

Name

c/o Lauren N. Pierce

Number Street

2950 N. Harwood Street**Suite 2100****Dallas****TX****75201**

City

State

ZIP Code

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims**Attorney for - PFV Realty III, LP** ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$7,500.00</u>
	6e. Total. Add lines 6a through 6d.	6d. <u>\$7,500.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$194,110.69</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$194,110.69</u>

Fill in this information to identify your case:

Debtor 1	<u>Malinda</u>	<u></u>	<u>Herskowitz</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u></u>	<u></u>	<u></u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF TEXAS</u>		
Case number (if known)	<u>17-40728-BTR-13</u>		

☒ Check if this is an amended filing
Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Fill in this information to identify your case:

Debtor 1	Malinda		Herskowitz
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF TEXAS		
Case number (if known)	17-40728-BTR-13		

☒ Check if this is an amended filing
Official Form 106H**Schedule H: Your Codebtors****12/15**

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☐ No. Go to line 3.
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☐ No
☒ Yes

In which community state or territory did you live? Texas Fill in the name and current address of that person.

Emmanuel B Herskowitz

Name of your spouse, former spouse, or legal equivalent

5004 Briargrove Lane

Number Street

Dallas

City

TX

State

75287

ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Fill in this information to identify your case:

Debtor 1	<u>Malinda</u>	<u></u>	<u>Herskowitz</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u></u>	<u></u>	<u></u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF TEXAS</u>		
Case number (if known)	<u>17-40728-BTR-13</u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<u></u>	<u></u>
Employer's name	<u></u>	<u></u>
Employer's address	Number <u></u> Street <u></u> <u></u> <u></u>	Number <u></u> Street <u></u> <u></u> <u></u>
	City <u></u> State <u></u> Zip Code <u></u>	City <u></u> State <u></u> Zip Code <u></u>
How long employed there?	<u></u>	<u></u>

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. <u>\$0.00</u>	<u></u>
3. Estimate and list monthly overtime pay.	3. + <u>\$0.00</u>	<u></u>
4. Calculate gross income. Add line 2 + line 3.	4. <u>\$0.00</u>	<u></u>

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$0.00	
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	\$0.00	
5b. Mandatory contributions for retirement plans	\$0.00	
5c. Voluntary contributions for retirement plans	\$0.00	
5d. Required repayments of retirement fund loans	\$0.00	
5e. Insurance	\$0.00	
5f. Domestic support obligations	\$0.00	
5g. Union dues	\$0.00	
5h. Other deductions. Specify: _____	\$0.00	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	\$0.00	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$0.00	
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$5,130.00	
8b. Interest and dividends	\$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$0.00	
8d. Unemployment compensation	\$0.00	
8e. Social Security	\$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	\$0.00	
8g. Pension or retirement income	\$0.00	
8h. Other monthly income. Specify: _____	\$0.00	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	\$5,130.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$5,130.00	\$5,130.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		\$0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.		\$5,130.00 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. None. <input type="checkbox"/> Yes. Explain: _____		

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13**

8a. Attached Statement (Debtor 1)

Lone Star Cleaners & Laundry**Gross Monthly Income:** **\$35,000.00**

<u>Expense</u>	<u>Category</u>	<u>Amount</u>
Dry clean processing	Cost of Goods Sold	\$11,500.00
Laundry processing	Cost of Goods Sold	\$1,025.00
Wash & Drive Fold Svcs	Costs of Good Sole	\$75.00
Alternation Svcs	Cost of Goods Sold	\$150.00
Operating Supplies	Cost of Goods Sold	\$1,300.00
Wages	Payroll	\$10,000.00
Employee FICA	Payroll	\$800.00
Auto Repairs	Auto Expense	\$475.00
Insurance	Auto Expense	\$800.00
Fuel	Auto Expense	\$1,475.00
Tolls	Auto Expense	\$160.00
Bank charges	Bank charges	\$180.00
Merchant Account fees	Merchant fees	\$1,080.00
Store supplies	Store supplies	\$200.00
Telephone expenses	Telephone	\$575.00
Misc	Misc	\$75.00
Total Monthly Expenses		<u>\$29,870.00</u>
Net Monthly Income:		<u><u>\$5,130.00</u></u>

Fill in this information to identify your case:

Debtor 1 Malinda Herskowitz
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number 17-40728-BTR-13
 (if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Daughter	18	<input checked="" type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses**4. The rental or home ownership expenses for your residence.**
Include first mortgage payments and any rent for the ground or lot.4. \$900.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. _____

4b. \$10.00

4c. _____

4d. _____

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****Your expenses**

5. Additional mortgage payments for your residence, such as home equity loans	5.	_____
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	<u>\$150.00</u>
6b. Water, sewer, garbage collection	6b.	<u>\$60.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$400.00</u>
6d. Other. Specify: <u>household cleaning supplies</u>	6d.	<u>\$40.00</u>
7. Food and housekeeping supplies	7.	<u>\$600.00</u>
8. Childcare and children's education costs	8.	_____
9. Clothing, laundry, and dry cleaning	9.	<u>\$100.00</u>
10. Personal care products and services	10.	<u>\$150.00</u>
11. Medical and dental expenses	11.	<u>\$18.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$500.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	<u>\$250.00</u>
14. Charitable contributions and religious donations	14.	_____
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	_____
15b. Health insurance	15b.	_____
15c. Vehicle insurance	15c.	<u>\$641.00</u>
15d. Other insurance. Specify: _____	15d.	_____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
17. Installment or lease payments:		
17a. Car payments for Vehicle 1 2012 Jeep Liberty	17a.	<u>\$429.42</u>
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: <u>RX monthly</u>	17c.	<u>\$80.00</u>
17d. Other. Specify: <u>Animal care / Care Now & Fitness Connection</u>	17d.	<u>\$68.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	_____
19. Other payments you make to support others who do not live with you. Specify: _____	19.	_____

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a. _____
20b. Real estate taxes	20b. _____
20c. Property, homeowner's, or renter's insurance	20c. _____
20d. Maintenance, repair, and upkeep expenses	20d. _____
20e. Homeowner's association or condominium dues	20e. _____

21. Other. Specify: _____ 21. + _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.	22a. <u>\$4,396.42</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b. _____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. <u>\$4,396.42</u>

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. <u>\$5,130.00</u>
23b. Copy your monthly expenses from line 22c above.	23b. - <u>\$4,396.42</u>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. <u>\$733.58</u>

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.☒ Yes.

Explain here:

Income current greater on rent but debtor and roommate are moving in July in with others and that will lower rent to amount indicated above.

Fill in this information to identify your case:

Debtor 1	<u>Malinda</u>	<u>Herskowitz</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF TEXAS</u>		
Case number (if known)	<u>17-40728-BTR-13</u>	

☐ Check if this is an amended filing
Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B.....	<u>\$0.00</u>
1b. Copy line 62, Total personal property, from Schedule A/B.....	<u>\$56,373.08</u>
1c. Copy line 63, Total of all property on Schedule A/B.....	<u>\$56,373.08</u>

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.....	<u>\$40,146.30</u>
---	--------------------

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	<u>\$7,500.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	<u>\$194,110.69</u>

Your total liabilities

\$241,756.99**Part 3: Summarize Your Income and Expenses**4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I.....	<u>\$5,130.00</u>
---	-------------------

5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....	<u>\$4,396.42</u>
---	-------------------

Debtor 1 **Malinda Herskowitz**Case number (if known) **17-40728-BTR-13****Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.**\$5,108.74****9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:****Total claim**From Part 4 on *Schedule E/F*, copy the following:

9a. Domestic support obligations. (Copy line 6a.)	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ <u>\$0.00</u>
9g. Total. Add lines 9a through 9f.	<u>\$0.00</u>

Fill in this information to identify your case:

Debtor 1	<u>Malinda</u>		<u>Herskowitz</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF TEXAS</u>		
Case number (if known)	<u>17-40728-BTR-13</u>		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Malinda Herskowitz
Malinda Herskowitz, Debtor 1

Date _____
MM / DD / YYYY

X _____
Signature of Debtor 2

Date _____
MM / DD / YYYY